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**DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
OFFICE OF EMERGENCY MEDICAL SERVICES  
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Governor

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Acting Commissioner

**MICU ADVISORY COUNCIL**  
**March 13, 2000**  
**MINUTES**

- Call to Order:** (Dr. Nevins) The meeting was called to order at 10:05 a.m.
- Approval of Minutes:** The minutes of the December 13, 1999 meeting were approved as submitted.
- Rapid Sequence Intubation:** (Dr. Waxler) The committee met in February and discussed training. So far the group has decided that the training will consist of approximately eight hours of didactic training and testing will include a "mega-code" type station. The didactic will include training on how to identify and deal with a difficult airway. There was also discussion from the floor about possible use of videotape for portions of the didactic. The committee decided against Operating Room time, that programs can either train on their own or regionalize for annual retraining, and possibly doing two statewide courses per year. The next meeting will be March 31, 2000 at the Office of Emergency Medical Services. The topics for discussion will be Pharmacology, Cricothyrotomy, LMAs, CombiTubes, the standardized training program outline, and adding this skill to the initial Paramedic Training program.
- Base Station Physician Education:**  
(Dr. Waxler) The new Deputy Commissioner of Health needs to review OEMS's plan for the video and guidebook.
- MICU Future Planning:** (Dr. Nevins) Everyone was reminded everyone that there is a Medical Directors meeting at 9:00 a.m. prior to every Council meeting.
- (Dr. Brennan) The Critical Care Pediatric Registry information is being distributed by mail. It is only for critically ill pediatrics, not for all pediatric patients.
- HCFA Update:** (Dr. Brennan) The negotiated rulemaking group completed its recommendation to HCFA on February 14, 2000. The proposed reimbursement will be based on an assigned geographical base rate (approximately \$160-\$180 in New Jersey, this will be reviewed annually) which will be then multiplied by a Relative Value Unit (RVU) based on the level of service rendered, plus a yet to be determined mileage amount. The levels of service and their RVU's are:

<b>Level of Service</b>	<b>RVU</b>	
BLS	1.0	Typical BLS transport
BLS – emergency	1.6	Typical BLS 911 call
ALS	1.2	ALS non-emergency transport (not done in NJ)
ALS – emergency (1)	1.9	3 ALS drugs or less
ALS – emergency (2)	2.75	Life-saving technique and/or 3 or more ALS drugs
Special Care Transport	3.25	Critical Care Transports
Paramedic Intercept	1.75	Our current system
<i>(Oxygen and IV's are not included as ALS drugs)</i>		

The planned role-out will be a four year process in the following format:

<b>Year</b>	<b>% of reimbursement to be in new format</b>
1 (2001)	20
2 (2002)	50
3 (2003)	80
4 (2004)	100

The Paramedic Intercept (PI) RVU does not apply to the State of New Jersey. In order to qualify for the PI – RVU, the area must be a designated rural environment. Currently, nowhere in New Jersey qualifies as a rural environment. We need to work with our legislators in order to allow PI for New Jersey. This is the only way that our current system (non-ALS transport) could possibly work with the new HCFA system. Otherwise we would have to institute ALS transport. Even if we get the PI approval our reimbursement rates will be under \$300 per call (and then any billing BLS services still want a portion of that for their transport services).

HCFA is expected to publish the new rules in the Federal Register this summer.

(Dr. Nevins)

We met with Commissioner Grant in January and she supports our efforts. Commissioner Grant sent a letter, to U.S. Senator Lautenberg, U.S. Senator Torricelli, and the HCFA administration explaining our position. The EMS Council has formed a coalition made up of representatives from BLS volunteer, BLS paid, ALS, ACEP, and others. This is the first time in NJ history that all stakeholders in the prehospital arena have come together in such a fashion. This coalition has unanimously agreed to support continuing our current system as it is currently configured, and has written a letter that has been sent to federal legislators representing New Jersey. We will also be meeting with U.S. Senators Lautenberg and Torricelli in March. Representative Frelinghuysen has sent a letter to all of the federal Representatives asking for their support for the coalition's position, but only four have thus far signed this letter. We need to speak to our local Representatives and push for their support. A letter is going out to the all the Chairmen of the Boards for the MICU Hospitals and the New Jersey Hospital Association, encouraging them to support this position.

The volunteer services support preserving the current ALS system. The New Jersey State First Aid Council has copies of the mentioned letters available on their web site ([www.njsfac.org](http://www.njsfac.org)).

**Prehospital Research:** (Dr. Nevins)

We are moving forward in order to get the current New Jersey law changed, to be similar to the federal law that allows research without consent for Emergency Medical Services.

**Medications & Devices:** (Dr. Lahita)

Amniodarone has been discussed again. It seems that the American Heart Association (AHA) may be adding it as a class 2b medication to ACLS in September of 2000. The committee feels that we should only add this medication if the AHA approves it in their protocols.

A motion was made and seconded to approve Amniodarone as an optional medication. The motion failed after discussion.

- (Dr. Nevins) The drug approval process needs to be streamlined; we are working to have drug approvals done only twice a year.
- (Dr. Lahita) 2% Viscous Lidocaine was discussed for use as an anesthetic for Endotracheal Tubes. The committee recommended that it not be approved. The committee felt that Xylocaine Jelly would be more appropriate. A motion was made and seconded to approve Xylocaine Jelly as an optional medication. The motion passed after discussion.
- Labetolol was suggested for use in hypertensive emergencies. We currently allow Metoprolol (they are both Beta-blockers), so the committee recommends against its adoption.
- We currently have some drugs that are experiencing shortages, we need to keep these in mind for the future: Solumedrol, IV Cardizem, Bretylium, and Flumazenil.
- Intraosseous Infusion was brought up for use in adults. It would be used after three unsuccessful IV attempts in ninety seconds. The committee feels it is not a good idea. Dr. Lahita has documents available for anyone who is interested.
- Doughnut Magnets were discussed for use in turning on/off and resetting pacemakers and Automatic Internal Cardiac Defibrillators. A motion was made and seconded to approve the use of Doughnut Magnets. The motion passed after discussion.
- Cricothyrotomy was discussed for use as a backup airway in Rapid Sequence Inductions.
- The Office of Emergency Medical Services will be doing a medication survey in the near future.

**Standing Orders:** (Dr. DesRochers) Dr. DesRochers stated that he could use some help on this committee. The committee will be reviewing the National Association of Emergency Medical Services Physicians recommendations. It is moving forward in order to make the Standing Orders more user friendly for the paramedics.

The regulations currently require the paramedic to call-in once they use a standing order. There is no reason that a paramedic can't complete certain protocols and call in afterwards (such as ACLS or Asthmatic). An overwhelming majority of the council supported this by a show of hands. This topic will continue to be worked on and moved forward incrementally. Patient care is our primary concern.

**Legislative Committee:** (S. Caputo) A list of pending bills is available for anyone who is interested. There are a lot of volunteer incentive bills. The ALS-Firefighter bill has had no action. The MICU-Expanded Service bill has had no action. The bill that requires all EMT-B's to be EMT-D's (A178) is now moot, because of the new regulations.

**New Jersey EMS Council:** (Dr. Pruden) The Pediatric Registry regulations are now out. They will be capturing critically ill pediatric patients only. Pediatric Education for the Prehospital Provider will be rolled out in August.

The Urban Search and Rescue team Medical Director is Dr. Gluckman. The team only has two Physicians trained, and they are looking for more. There are many Paramedics trained. There will be a drill on April 1-2, 2000 in Atlantic City.

The communication committee is currently revising the Emergency Medical Dispatch guide-cards.

The HCFA regulations need to be looked at by taking a three stage approach: federal, state, and as a last resort, designing a new system to accommodate the HCFA guidelines. We have not discussed the third possibility yet, but we need to. At the EMS council

meeting in June a subcommittee will be formed. Dr Pruden would like to have participation from the MICU Advisory Council. Dr Nevins asked Dr Pruden to chair a subcommittee of the MICU Advisory Council to develop our position regarding this 3<sup>rd</sup> option.

**New Jersey Association of Paramedic Programs:** (M. Hogan)

The New Jersey Association of Paramedic Programs would like to recognize the “Coalition” for all the work that is being done in regards to HCFA. The HCFA letters are progressing. Many of the state legislators have forwarded them to federal legislators. There will be a meeting on March 20 with Representative Holt and on March 31 with Representative LoBiondo. A letter has been sent to Frelinghuysen and Lautenberg. The average cost per ALS run is \$400-\$500. This is above the suggested HCFA rate. We need to encourage MICU staff to push their legislators to support New Jersey’s position. We need to gather and distribute statistics to support our current system.

**Helicopter Response Program:** (Dr. Hummel)

Statistics are available. The helicopter fleet is aging and needs to be replaced. The State Police are looking at smaller, more efficient helicopters. The Department of Law and Public Safety is considering proposing a \$2 surcharge to all Department of Motor Vehicle registrations, instead of the \$1 currently collected.

**OEMS Update:** (G. Muench)

On March 1, 2000 Dr. George DiFerdinando became the new Deputy Commissioner of Health and Senior Services. He is a physician who served as an Assistant Commissioner from New York State.

We have new staff to introduce: Darcy Saunders (legal specialist) and Jonathan Lord (operations and enforcement).

EMS Week will be the third week in May. On May 18<sup>th</sup> there will be an EMS for Children Conference and an EMS Awards Banquet at the Doubletree Hotel in Somerset. We need nominations for the Awards, please forward them to our office by March 20.

A survey of State EMS Directors was conducted to get their opinions on the new HCFA regulations. Most other states are happy with it. No one else is championing our cause, so we are definitely unique.

**Education:** (B. Dinetz)

A new employee, Chris Tams (taking over the EMT-B training program). Brian Reeves has moved into a new position and is now overseeing our computer system.

The Paramedic Exam was held on March 11, 2000. There were thirteen students taking the practical and seven passed on the first try.

Passing Statistics:

Patient Assessment 1	60.00%	Patient Assessment 2	86.67%
Respiratory	100%	Cardiac – Dynamic	93.33%
Cardiac – Static	80.00%	IV Therapy	100%
IV Bolus	100%	IV Piggy Back	92.31%
Spinal – Seated	84.62%	Long Bone Splinting	92.31%
BWS	92.31%		

Automatic External Defibrillation has been moved out of the MICU’s and into the EMT Basic curriculum.

**New business:**

The next meeting of the MICU Advisory Council will be on Monday, June 12, 2000 at 10:00 a.m.

The meeting was adjourned at 11:55 p.m.